



22883

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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2133  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

09/696,666

Filing Date

Oct 25, 2000

RECEIVED

First Named Inventor

Kahn

JAN 29 2004

Group Art Unit

2133

Technology Center 2100

Examiner Name

Torres, J.

Total Number of Pages in This Submission

22

Attorney Docket Number

103.1049.01

## ENCLOSURES (check all that apply)

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|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (2 copies)          | <input type="checkbox"/> Assignment Papers<br>(for an Application)                      | <input type="checkbox"/> After Allowance Communication to Group                                       |
| <input checked="" type="checkbox"/> Fee Attached (PTO Form 2038 – 2 copies)  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                   |
| <input checked="" type="checkbox"/> Amendment / Reply                        | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)            |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert a Provisional Application                  | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request (2 copies)     | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s)<br>(please identify below):<br>Return Postcard |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  |   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                                      |   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | Remarks   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |                      |                 |
|-------------------------|----------------------|-----------------|
| Firm or Individual name | Steven A. Swernofsky | Reg. no. 33,040 |
| Signature               |                      |                 |
| Date                    | 1-19-2004            |                 |

## CERTIFICATE OF MAILING

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1/19/04

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| Type or printed name | Doyle Sheer |
| Signature            |             |
| Date                 | 1/19/04     |

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22883

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant Claims small entity status. See 37 CFR 1.27  
**TOTAL AMOUNT OF PAYMENT** (\$110.00)

*Complete if Known*

|                      |              |
|----------------------|--------------|
| Application Number   | 09/696,666   |
| Filing Date          | 10/25/2000   |
| First Named Inventor | Kahn, et al. |
| Examiner Name        | Torres, J.   |
| Art Unit             | 2133         |

**RECEIVED**

JAN 9 2004

Technology Center 2100

| METHOD OF PAYMENT (check all that apply)   |              |                 |                | FEE CALCULATION (continued)  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
|--|--------------|-----------------|----------------|--|----------|----------|----------|-----------------|--------------|-----------------|------|----|----------|----------|------------------------|----------|----------|----------|----------|------|-----|-----------------------------------|----|-------------------------------------|------|-----|------|-----|---------------------------------------|----|--|------|----|------|-----|---|-----|---------------------------|------|----|------|-------|---|-------|--|--|--|------|------|----------|----------|--|----------|-----------------|------|--------|------|--------|---|---|------------------------|------|-----|------|----|--|----|-----------------------------------|--------|------|------|------|------|---|---------------------------------------|--|------|------|------|------|--|---|--|------|-------|------|------|---|---|--|------|-------|------|-------|--|--|--|------|-----|------|-----|------------------|--|--|------|-----|------|-----|--|--|--|------|-----|------|-----|--------------------------|--|--|------|-------|------|-------|---|--|--|------|-----|------|----|----------------------------------|--|--|------|-------|------|-----|------------------------------------|--|--|------|-------|------|-----|--------------------------------|--|--|------|-----|------|-----|------------------|--|--|------|-----|------|-----|-----------------|--|--|------|-----|------|-----|-------------------------------|--|--|------|----|------|----|-------------------------------------|--|--|------|-----|------|-----|---|--|--|------|----|------|----|--|--|--|------|-----|------|-----|---|--|--|------|-----|------|-----|--|--|--|------|-----|------|-----|---|--|--|------|-----|------|-----|---|--|--|-----------------------|--|--|--|---------------------------|--|--|--|---|--|--|--|-----------------------------------|--|--|--|--------------|---------|--------------|----------------|---|----------|--|--|--------------------|---------|--|--|---|--|--|--|--------------------|--|--|--|---|--|--|--|--------------|--|--|--|--------------|--|--|--|--|--|--|--|----------|----------|----------|----------|-----------------|--|--|------|----|------|---|------------------------|--|--|------|----|------|----|-----------------------------------|--|--|------|-----|------|-----|---------------------------------------|--|--|------|----|------|----|---|--|--|------|----|------|---|---|--|--|--|--|--|--|----------|----------|----------|----------|-----------------|--|--|------|----|------|---|------------------------|--|--|------|----|------|----|-----------------------------------|--|--|------|-----|------|-----|---------------------------------------|--|--|------|----|------|----|---|--|--|------|----|------|---|---|--|--|-----------------------|--|--|--|-------------------------|--|--|--|---|--|--|--|--|--|--|--|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account<br>Deposit Account Number: 50-0365<br>Deposit Account Name:  |              |                 |                | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="3">Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td colspan="3">Surcharge – late filing fee or oath</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td colspan="3">Surcharge – late provisional filing fee or cover sheet</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td colspan="3">Non-English specification</td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td colspan="3">For filing a request for <i>ex parte</i> reexamination</td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td colspan="3">Requesting publication of SIR prior to Examiner action</td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td colspan="3">Requesting publication of SIR after Examiner action</td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td colspan="3">Extension for reply within first month</td> <td>110.00</td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td colspan="3">Extension for reply within second month</td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td colspan="3">Extension for reply within third month</td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td colspan="3">Extension for reply within fourth month</td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td colspan="3">Extension for reply within fifth month</td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td colspan="3">Notice of Appeal</td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td colspan="3">Filing a brief in support of an appeal</td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td colspan="3">Request for oral hearing</td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td colspan="3">Petition to institute a public use proceeding</td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td colspan="3">Petition to revive – unavoidable</td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td colspan="3">Petition to revive – unintentional</td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td colspan="3">Utility issue fee (or reissue)</td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td colspan="3">Design issue fee</td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td colspan="3">Plant issue fee</td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td colspan="3">Petitions to the Commissioner</td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td colspan="3">Processing fee under 37 CFR 1.17(q)</td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td colspan="3">Submission of Information Disclosure Stmt</td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td colspan="3">Recording each patent assignment per property (times number of properties)</td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td colspan="3">Filing a submission after final rejection (37 CFR 1.129(a))</td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td colspan="3">For each additional invention to be examined (37 CFR 1.129(b))</td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td colspan="3">Request for Continued Examination (RCE)</td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td colspan="3">Request for expedited examination of a design application</td> </tr> <tr> <td colspan="4">SUBTOTAL (1) (\$0.00)</td> <td colspan="4">Other fee (specify) _____</td> </tr> <tr> <td colspan="4">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</td> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> </tr> <tr> <td>Total Claims</td> <td>-20** =</td> <td>Extra Claims</td> <td>Fee from below</td> <td>=</td> <td>Fee Paid</td> <td colspan="2"></td> </tr> <tr> <td>Independent Claims</td> <td>- 3** =</td> <td></td> <td></td> <td>=</td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>=</td> <td></td> <td colspan="2"></td> </tr> <tr> <td colspan="4">Large Entity</td> <td colspan="4">Small Entity</td> </tr> <tr> <td colspan="4"> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="3">Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td colspan="3">Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td colspan="3">Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td colspan="3">Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td colspan="3">**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td colspan="3">**Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> </td> <td colspan="4"> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="3">Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td colspan="3">Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td colspan="3">Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td colspan="3">Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td colspan="3">**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td colspan="3">**Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="4">SUBTOTAL (2) (\$0.00)</td> <td colspan="4">SUBTOTAL (3) (\$110.00)</td> </tr> <tr> <td colspan="8">** or number previously paid, if greater; For Reissues, see above</td> </tr> </tbody> </table> |          |          |          | Large Entity    | Small Entity | Fee Description |      |    | Fee Paid | Fee Code | Fee (\$)               | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051                              | 65 | Surcharge – late filing fee or oath |      |     | 1052 | 50  | 2052                                  | 25 | Surcharge – late provisional filing fee or cover sheet |      |    | 1053 | 130 | 1053  | 130 | Non-English specification |      |    | 1812 | 2,520 | 1812  | 2,520 | For filing a request for <i>ex parte</i> reexamination |  |  | 1804 | 920* | 1804     | 920*     | Requesting publication of SIR prior to Examiner action |          |                 | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |   |                        | 1251 | 110 | 2251 | 55 | Extension for reply within first month |    |                                   | 110.00 | 1252 | 420  | 2252 | 210  | Extension for reply within second month |                                       |  | 1253 | 950  | 2253 | 475  | Extension for reply within third month |   |  | 1254 | 1,480 | 2254 | 740  | Extension for reply within fourth month |   |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  |  | 1452 | 110 | 2452 | 55 | Petition to revive – unavoidable |  |  | 1453 | 1,330 | 2453 | 665 | Petition to revive – unintentional |  |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  |  | 1502 | 480 | 2502 | 240 | Design issue fee |  |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) |  |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |  | SUBTOTAL (1) (\$0.00) |  |  |  | Other fee (specify) _____ |  |  |  | 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | Total Claims | -20** = | Extra Claims | Fee from below | = | Fee Paid |  |  | Independent Claims | - 3** = |  |  | = |  |  |  | Multiple Dependent |  |  |  | = |  |  |  | Large Entity |  |  |  | Small Entity |  |  |  | <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="3">Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td colspan="3">Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td colspan="3">Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td colspan="3">Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td colspan="3">**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td colspan="3">**Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> |  |  |  | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |  |  | 1202 | 18 | 2202 | 9 | Claims in excess of 20 |  |  | 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 |  |  | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |  |  | 1204 | 86 | 2204 | 43 | **Reissue independent claims over original patent |  |  | 1205 | 18 | 2205 | 9 | **Reissue claims in excess of 20 and over original patent |  |  | <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="3">Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td colspan="3">Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td colspan="3">Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td colspan="3">Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td colspan="3">**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td colspan="3">**Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> |  |  |  | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |  |  | 1202 | 18 | 2202 | 9 | Claims in excess of 20 |  |  | 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 |  |  | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |  |  | 1204 | 86 | 2204 | 43 | **Reissue independent claims over original patent |  |  | 1205 | 18 | 2205 | 9 | **Reissue claims in excess of 20 and over original patent |  |  | SUBTOTAL (2) (\$0.00) |  |  |  | SUBTOTAL (3) (\$110.00) |  |  |  | ** or number previously paid, if greater; For Reissues, see above |  |  |  |  |  |  |  |
| Large Entity   | Small Entity | Fee Description |                |  | Fee Paid |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| Fee Code   | Fee (\$)     | Fee Code        | Fee (\$)       | Fee Code   | Fee (\$) |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1051   | 130          | 2051            | 65             | Surcharge – late filing fee or oath  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1052   | 50           | 2052            | 25             | Surcharge – late provisional filing fee or cover sheet   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1053   | 130          | 1053            | 130            | Non-English specification  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1812   | 2,520        | 1812            | 2,520          | For filing a request for <i>ex parte</i> reexamination   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1804   | 920*         | 1804            | 920*           | Requesting publication of SIR prior to Examiner action   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1805   | 1,840*       | 1805            | 1,840*         | Requesting publication of SIR after Examiner action  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1251   | 110          | 2251            | 55             | Extension for reply within first month   |          |          | 110.00   |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1252   | 420          | 2252            | 210            | Extension for reply within second month  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1253   | 950          | 2253            | 475            | Extension for reply within third month   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1254   | 1,480        | 2254            | 740            | Extension for reply within fourth month  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1255   | 2,010        | 2255            | 1,005          | Extension for reply within fifth month   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1401   | 330          | 2401            | 165            | Notice of Appeal   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1402   | 330          | 2402            | 165            | Filing a brief in support of an appeal   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1403   | 290          | 2403            | 145            | Request for oral hearing   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1451   | 1,510        | 1451            | 1,510          | Petition to institute a public use proceeding  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1452   | 110          | 2452            | 55             | Petition to revive – unavoidable   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1453   | 1,330        | 2453            | 665            | Petition to revive – unintentional   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1501   | 1,330        | 2501            | 665            | Utility issue fee (or reissue)   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1502   | 480          | 2502            | 240            | Design issue fee   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1503   | 640          | 2503            | 320            | Plant issue fee  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1460   | 130          | 1460            | 130            | Petitions to the Commissioner  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1807   | 50           | 1807            | 50             | Processing fee under 37 CFR 1.17(q)  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1806   | 180          | 1806            | 180            | Submission of Information Disclosure Stmt  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 8021   | 40           | 8021            | 40             | Recording each patent assignment per property (times number of properties)   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1809   | 770          | 2809            | 385            | Filing a submission after final rejection (37 CFR 1.129(a))  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1810   | 770          | 2810            | 385            | For each additional invention to be examined (37 CFR 1.129(b))   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1801   | 770          | 2801            | 385            | Request for Continued Examination (RCE)  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1802   | 900          | 1802            | 900            | Request for expedited examination of a design application  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| SUBTOTAL (1) (\$0.00)  |              |                 |                | Other fee (specify) _____  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  |              |                 |                | *Reduced by Basic Filing Fee Paid  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| Total Claims   | -20** =      | Extra Claims    | Fee from below | =  | Fee Paid |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| Independent Claims   | - 3** =      |                 |                | =  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| Multiple Dependent   |              |                 |                | =  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| Large Entity   |              |                 |                | Small Entity   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="3">Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td colspan="3">Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td colspan="3">Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td colspan="3">Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td colspan="3">**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td colspan="3">**Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> |              |                 |                | Fee Code   | Fee (\$) | Fee Code | Fee (\$) | Fee Description |              |                 | 1202 | 18 | 2202     | 9        | Claims in excess of 20 |          |          | 1201     | 86       | 2201 | 43  | Independent claims in excess of 3 |    |                                     | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |    |  | 1204 | 86 | 2204 | 43  | **Reissue independent claims over original patent |     |                           | 1205 | 18 | 2205 | 9     | **Reissue claims in excess of 20 and over original patent |       |  | <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="3">Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td colspan="3">Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td colspan="3">Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td colspan="3">Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td colspan="3">**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td colspan="3">**Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> |  |      |      | Fee Code | Fee (\$) | Fee Code   | Fee (\$) | Fee Description |      |        | 1202 | 18     | 2202  | 9 | Claims in excess of 20 |      |     | 1201 | 86 | 2201                                   | 43 | Independent claims in excess of 3 |        |      | 1203 | 290  | 2203 | 145                                     | Multiple dependent claim, if not paid |  |      | 1204 | 86   | 2204 | 43                                     | **Reissue independent claims over original patent |  |      | 1205  | 18   | 2205 | 9                                       | **Reissue claims in excess of 20 and over original patent |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| Fee Code   | Fee (\$)     | Fee Code        | Fee (\$)       | Fee Description  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1202   | 18           | 2202            | 9              | Claims in excess of 20   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1201   | 86           | 2201            | 43             | Independent claims in excess of 3  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1203   | 290          | 2203            | 145            | Multiple dependent claim, if not paid  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1204   | 86           | 2204            | 43             | **Reissue independent claims over original patent  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1205   | 18           | 2205            | 9              | **Reissue claims in excess of 20 and over original patent  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| Fee Code   | Fee (\$)     | Fee Code        | Fee (\$)       | Fee Description  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1202   | 18           | 2202            | 9              | Claims in excess of 20   |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1201   | 86           | 2201            | 43             | Independent claims in excess of 3  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1203   | 290          | 2203            | 145            | Multiple dependent claim, if not paid  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1204   | 86           | 2204            | 43             | **Reissue independent claims over original patent  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| 1205   | 18           | 2205            | 9              | **Reissue claims in excess of 20 and over original patent  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| SUBTOTAL (2) (\$0.00)  |              |                 |                | SUBTOTAL (3) (\$110.00)  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |
| ** or number previously paid, if greater; For Reissues, see above  |              |                 |                |  |          |          |          |                 |              |                 |      |    |          |          |                        |          |          |          |          |      |     |                                   |    |                                     |      |     |      |     |                                       |    |  |      |    |      |     |   |     |                           |      |    |      |       |   |       |  |  |  |      |      |          |          |  |          |                 |      |        |      |        |   |   |                        |      |     |      |    |  |    |                                   |        |      |      |      |      |   |                                       |  |      |      |      |      |  |   |  |      |       |      |      |   |   |  |      |       |      |       |  |  |  |      |     |      |     |                  |  |  |      |     |      |     |  |  |  |      |     |      |     |                          |  |  |      |       |      |       |   |  |  |      |     |      |    |                                  |  |  |      |       |      |     |                                    |  |  |      |       |      |     |                                |  |  |      |     |      |     |                  |  |  |      |     |      |     |                 |  |  |      |     |      |     |                               |  |  |      |    |      |    |                                     |  |  |      |     |      |     |   |  |  |      |    |      |    |  |  |  |      |     |      |     |   |  |  |      |     |      |     |  |  |  |      |     |      |     |   |  |  |      |     |      |     |   |  |  |                       |  |  |  |                           |  |  |  |   |  |  |  |                                   |  |  |  |              |         |              |                |   |          |  |  |                    |         |  |  |   |  |  |  |                    |  |  |  |   |  |  |  |              |  |  |  |              |  |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |  |  |  |  |          |          |          |          |                 |  |  |      |    |      |   |                        |  |  |      |    |      |    |                                   |  |  |      |     |      |     |                                       |  |  |      |    |      |    |   |  |  |      |    |      |   |   |  |  |                       |  |  |  |                         |  |  |  |   |  |  |  |  |  |  |  |

| SUBMITTED BY      |                      |  |                                      |        |           | Complete (if applicable) |
|-------------------|----------------------|--|--------------------------------------|--------|-----------|--------------------------|
| Name (Print/Type) | Steven A. Swernofsky |  | Registration No.<br>(Attorney/Agent) | 33,040 | Telephone | 650-947-0700             |
| Signature         | <i>SA Swernofsky</i> |  |                                      |        | Date      | 1-19-2004                |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and